12030753611

FORM 1

STATEMENT OF **ORGANIZATION**

2012 MAR 13 AM 9: 32 FEC MAIL CENTER

1. NAME OF	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	c contact to the			
COMMITTEE (in full)	is changed)	over the intes.	San distribution and	illian illian illian sali			
CONSERVATIVES FOR PRINCEPLED LEADERSHIP							
<u> </u>							
ADDRESS (number and street)	ADDRESS (number and street)						
(Check if address							
is changed)	WASHINGTON DIC 20038-7149						
		CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)							
(Check if address	milchaelli	adamsedins	M// 8//C	10 m 1 1 1 1 1 1 1			
(Check if address is changed)		_!	<u> </u>				
COMMITTEE'S WEB PAGE AD	DRESS (URL)		•				
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(Check if address is changed)	1						
	L. I., L. J. J. J. J. J.						
2. DATE 03 1	2012						
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3. FEC IDENTIFICATION NU	UMBER C) den er demokratigen alle som klassen fra møret en en demokratigen fra møret en en demokratigen en demokratigen en de					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined th	his Statement and to the be	est of my knowledge and belief	it is true, correct	and complete.			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer Michael G. Adams Signature of Treasurer Michael Delams Date 03 12 2012							
Signature of Treasurer Melel Delam Date 03 12 2012							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)			

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TYPE OF COMMITTEE Candidate Committae:						
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	ame of					
Candidate Party Affiliat	Office State Senate President District					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Cor						
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.					
Political A	Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a					
	Corporation Corporation w/o Capital Stock Labor Organization					
	Membership Organization Trade Association Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fund	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h) ************************************	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser						
1.	FEC ID number					
1. 2.						
	FEC ID number C					

Title or Position

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_	FEC Form 1 (Revise	d 02/2009)	Page 3
٧	Vrite or Type Committee Na	me	
	Conserval	tives for Principled Leadership	9
6.		d Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh	
L			
L			
	Mailing Address		
	·		
			. -
		CITY STATE	ZIP CODE
	Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
7.	books and records.	dentify by name, address (phone number optional) and position of the person in position of the person of	session of committee
	Mailing Address	1801: PENNISTILVANIA: ANE WAY	
Mailing Address		SUITITE 161/10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · ·
		WASHINGTON DE 200	0.41-
	Title or Position	CITY STATE 2	ZIP CODE
	TREASILIRE	Telephone number	<u>ی ۱ را ۹ - در </u>
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the nan	ne and address of
	Full Name of Treasurer	IMAELIG ADAMS	
	Mailing Address	BOI PENNSYLVANIA AVE NW	
		(CIUITITIE 1611101) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		WASININGTON DIC 200	<u>0.4</u>]-[
			ZIP CODE

Telephone number 20,2-2-2-17,1,15

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Name of Bank, Depository, etc.

Mailing Address

120307536

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No Postmark					
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Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Receipt or Postmarked				
le l	3/13/2				
PREPARER (3/2005)	DATE PREPARED				